

- I. CYSTITIS ET INFECTION URINAIRE. Par le DR. MAX MELCHIOR.  
Traduit du Danois, Revue et Annotée par le DR. NOEL HALLÉ.  
II. CHIRURGIE DE L'URETHRE, DE LA VESSIE, DE LA PROSTATE.  
Par V. ROCHET.

Melchior's monograph is a valuable addition to the practical bacteriology of cystitis. It is based on a careful study, carried on within strictly scientific lines, of thirty-six cases of cystitis occurring in the Hôpital Frédéric in Copenhagen. The author took especial pains to assure the reliability of his work by adopting, after full experimentation, an elaborate system of disinfection of the urethra, thus avoiding the contamination of his strictly vesical bacteria with any of the numerous pathogenic urethral microbes. His aim has been, as Guyon observes in the preface, to recognize and identify existing species of organisms, not to discover and describe new ones. Accordingly, among the nine species he met with we find but two new ones, the *diplococcus ureæ liquefaciens*, and the *streptobacillus anthracoides*. It is to be noted that the ordinary pyogenic staphylococci are conspicuous by their absence, while in five cases pyogenic streptococci were found, apparently as the sole or chief causative agents.

Melchior, in the course of his argument, discusses other sources of infection than the direct or urethral source, and among the most interesting and valuable portions of his thesis are his investigations into the subject of descending infection, originating in the kidney, of infection through the blood, of the eliminating function of the kidneys during general infectious diseases, etc.

The whole essay is an admirable example of patient, scientific work, and is deserving of the eulogium it has received from Guyon. The notes of Hallé add to its practical value.

Melchior has appended a summary of his conclusions which are as follows:

(1) Every cystitis (with the exception of the rare instance in which it arises from chemical substances) is of microbic origin.

(2) Usually there is found in the urine of cystitis a pure culture of a single species, generally in enormous quantities.

(3) The bacillus found most frequently in cystitis, and described by different authors under different names, is identical with the ordinary intestinal parasite or bacterium coli commune; it is pyogenic and infectious, and of variable virulence.

(4) In the urethra pathogenic bacteria are frequently found which, when introduced into the bladder, may cause cystitis.

(5) A microbe alone does not produce cystitis. We are, however, familiar with one, the proteus of Hauser, which merely by its introduction into the bladder is able to determine a cystitis by virtue of its property of decomposing urea.

(6) A microbe can only cause a cystitis when the bladder has previously been rendered vulnerable to infection by different predisposing agents, especially retention or traumatism.

(7) Retention of urine as well as traumatism are of themselves unable to provoke a cystitis. Microbic infection is always the determining cause.

(8) The different varieties of cystitis depend upon the pre-existing lesions, the character of the nutritive medium, and also upon differences in the virulence and other qualities of the bacteria.

(9) In every case of cystitis pus is found in the urine but in very different quantities; the existence of a catarrhal cystitis is doubtful. Even non-pyogenic microbes of the cellular tissue may provoke supuration in the bladder.

(10) Ammoniacal urine may be a necessary condition for the establishment of a cystitis in a particular case, but it is often only an insignificant phenomenon which supervenes during the course of the disease or remains altogether absent.

(11) Aside from the bacillus tuberculosis, acid cystitis may be due to the bacterium coli commune, to the streptococcus pyogenes, and to other rarer micro-organisms (the gonococcus of Neisser, the typhoid bacillus, etc.). If urine in a case of cystitis is taken with aseptic precautions and gives no cultures when inoculated into

ordinary nutritive media, the case is in all probability one of tuberculosis.

(12) There are true blennorrhagic forms of cystitis caused by the gonococcus of Neisser.

(13) Urinary fever arises in part from the entrance of urinary microbes into the blood, and without doubt more frequently from an absorption of the dissolved bacterial toxins.

(14) In order to prevent a cystitis, it is not sufficient to render the urethral orifice perfectly aseptic ; it is necessary also to use boric-acid irrigations of the urethra itself ; without this one would begin by infection of the sterilized instrument.

(15) In the local treatment of cystitis the nitrate of silver is the sovereign remedy.

Professor Rochet's work is so incomplete, so poorly systematized, and so carelessly written that it is not likely to add to the reputation of its author. It may possibly serve a useful purpose as a foundation for some future editor, but Mr. Rochet has discarded so many operative procedures that are in favor, in England and America at least, and has described so many that are, as we think, justifiably disrepute, that it seems of small value to either student or surgeon. His prefatory thanks to his "editeur" and his "dessinateur" must have been sarcastic. There is the usual absence in French publications of anything like a satisfactory index ; while the drawings are nightmares.

J. W. WHITE.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNÆCOLOGICAL ASSOCIATION, Vol. VII. Seventh Session, held at Charleston, S. C., 1894. Published by the Association, 1895.

This volume contains a great deal of interesting and instructive material. Besides the numerous papers upon purely surgical subjects, there are a memorial address on Dr. Warren Stone, by Albert B. Mills, and "Reminiscences of J. Marion-Sims in Paris," by